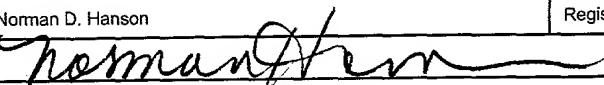


04-13-01

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. NIAD-214.1 US		
		First Inventor or Application Identifier JACOBSON et al		
		Title METHODS AND COMPOSITIONS USEFUL IN ENHANCING OXYGEN DELIVERY TO CELLS		
		Express Mail Label No. EL649533854US		
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>				
<p>1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Reference of Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		<p>Total Pages</p> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies </p>	
ACCOMPANYING APPLICATION PARTS				
<p>8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> *Small Entity Statement(s) (PTO/SB/09-12) <input checked="" type="checkbox"/> Statement filed in prior application, Status is proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>16. <input type="checkbox"/> Other: Check For Filing Fee</p>				
<small>* NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small>				
<p>17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application information: Examiner: Group / Art Unit: _____</p>				
18. CORRESPONDENCE ADDRESS				
<input type="checkbox"/> Customer Number or bar code label (Insert Customer No. or Attach bar code label here)		<input checked="" type="checkbox"/> Correspondence address below		
Name	Fulbright & Jaworski LLP			
Address	666 Fifth Avenue			
City	New York	State	New York	
Country	USA	Telephone	212-318-3000	
Name (Print/Type)	Norman D. Hanson		Registration No (Attorney/Agent)	30,946
Signature			Date	April 12, 2001

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	To be assigned
		Filing Date	Herewith
		First Named Inventor	JACOBSON
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
		Attorney Docket No.	NIAD-214.1

FEE CALCULATION

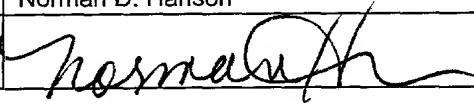
(1)	(2)	(3)	(4)	(5)
FOR: Small entity	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$355.00
TOTAL CLAIMS	16- 20 =	0	x 18/9.00	\$ 0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 78/39.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260/130.00	—
			TOTAL FEES	\$355.00

METHOD OF PAYMENT

Please charge Deposit Account No. 50-0624 in the amount of \$_____

A check for \$355.00 is enclosed to cover the cost of the Application filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A duplicate of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Norman D. Hanson	Reg. No. 30,946
Signature		Date: April 12, 2001